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ABSTRACT

The second part of a study compared health and social service needs of older persons residing in public housing and older persons residing in the neighboring community. A survey was conducted of 461 residents in four buildings supported by the Seattle Housing Authority (SHA) and 422 residents age 62 and older living within five blocks of one building. Both samples were predominantly female and white, but SHA respondents tended to be older and have less education and lower incomes. Health was rated as excellent or good by 66 percent of neighborhood and 58 percent of SHA respondents. Neighborhood respondents reported fewer symptoms, while more SHA residents reported at least one chronic condition and taking prescribed medications. About one-third of the respondents reported hearing loss, almost all wore glasses, and about one-fifth wore dentures. Neighborhood respondents appeared more functionally disabled. They also reported more alcohol consumption and more exercise. No consistent differences were shown in terms of mental status. Nearly 80 percent of respondents had a personal physician, and there was little difference in use of auxiliary health services. Both groups of respondents had frequent social interaction with relatives. All social services were used more by SHA residents. (Seventeen data tables are provided.) (YLB)

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A Comparison of Residents of Public Housing
and Residents of the Neighboring Community

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Health and Social Service Needs of the Elderly:
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This paper reports the preliminary findings of a survey of the health and social service needs of elderly persons residing in the Denny Regrade area of Seattle. The survey was done in conjunction with a model project, described below, and is the second part of a study comparing the needs of older persons residing in public housing and older persons residing in the neighboring community.

Background

The Community-Based Comprehensive Care Project is a model project aimed at improving access to health and social services for elderly persons (Grant No. 10-A-015-80/01, Maureen Henderson, M.D., Principal Investigator). The project is a collaborative effort of the University of Washington Institute on Aging, the Seattle Housing Authority, the Area Agency on Aging, the Office of the Mayor of Seattle, the Region X Task Force on Aging, the Visiting Nurse Service, and Community Home Health Care. It is funded by the Administration on Aging as a three-year model project and began March 1, 1979.

The model project was originally initiated by the Region X Department of Housing and Urban Development on the assumption that many of the residents of public housing have health related problems and yet do not get help, despite the fact that there is a wide range of health and social

services available in the Seattle-King County area. If persons are unable to maintain independent functioning, the housing authority is forced to evict them. For many older residents, this means going to a nursing home. The goal of the model project is to increase the access to and to provide health and social services which will enable older persons to remain in their own homes.

To get information to plan and implement services, a survey was conducted of the residents of the Seattle Housing Authority (SHA) buildings and the surrounding community. The purpose was to gather explicit information on the need for health and social services, the present use of services, and barriers of access to use. A previous report summarized the responses of the SHA residents.¹ The following report highlights similarities and differences between the residents of the public housing buildings and the neighboring community.

The hypotheses about expected relationships are based on the impressions of the officials of federal and local housing agencies. It was expected that, compared to the residents of the community, the residents of the public housing buildings would:

- 1) have less of a support system of family and friends
- 2) have a greater number and greater severity of health problems
- 3) have lower utilization of health and social services
- 4) have more barriers of access to utilization of services
- 5) have a greater need to get health and social services from formal sources

This report is intended to provide a preliminary report of the findings of the surveys and to provide some basic insights into the issues listed

above. This report is thus descriptive; more detailed analysis of the data is planned. The results of the survey have been used to implement the service program aspects of the model project. In addition, the findings have general applicability to policies aimed at targeting and organizing services for the elderly, in particular the use of public housing as a focal point for service delivery.

Survey Sample and Methodology

The sample for the survey had two parts: residents of public housing buildings and residents of the surrounding neighborhood.

The sample of public housing residents consisted of all 553 persons living in four buildings supported by the Seattle Housing Authority (SHA). Two of the buildings, Denny Terrace and Bay View Tower, are the sites for the model service project. The other two buildings, Greenlake Plaza and University House, were selected by the project investigators and the SHA staff to serve as control sites. In each building, 90% of the residents are age 62 or older; 10% of the residents are under age 62 but have permanent disabilities. Four-hundred sixty-one (461) interviews were obtained, giving a response rate of 83%.

The sample of neighborhood residents was composed of persons age 62 and older living within five blocks of Denny Terrace. Limitations in funding made it impossible to conduct the survey in the neighborhood surrounding all four public housing sites. Data were needed for the neighborhoods of the two model project buildings in order to plan services mandated as part of the model project. Surveying the residents in the Denny Terrace and Bay View Tower areas was thus imperative. Five blocks was

thought to be a realistic distance which older persons would walk to obtain services, and thus this became the target area for the survey.

No complete listing of the elderly residents of these neighborhoods was available. Potential respondents were identified by mapping the apartments and residences within a five-block radius of each of the two SHA buildings. The area surrounding Bay View Tower turned out to be primarily a business district, with the few existing apartment complexes catering to younger adults. Thus the sample was further limited to the area around Denny Terrace, known as Denny Regrade.

Five hundred and ten (510) potential respondents were identified. Of these, 422 persons agreed to be interviewed, giving a response rate of 83%. The total sample had 883 respondents.

To ascertain the representativeness of the samples, the SHA sample was compared to the residents of all 26 of the SHA buildings, and the community sample was compared to the elderly residents of King County. The 461 SHA residents interviewed were comparable to other SHA residents in terms of age, sex, race, and income level. The 422 community residents were similar to other elderly residents of King County in terms of sex and education, but the sample for the study was somewhat older and tended to be lower income than other elderly in the county.

The questionnaire used in the survey included information on demographic and economic characteristics, health status, functional status, mental status, family and social interaction, barriers of access to use of health and social service, and utilization of health and social services during the past year. The instrument was adapted as much as possible from previous surveys of older persons, such as the statewide Massachusetts survey,² the Monroe County Survey,³ the OARS study,⁴ and the Washington State Needs

Assessment Survey.⁵

Respondents were interviewed in their homes by interviewers trained in the use of this particular instrument. The interview took from 45 minutes to two hours to complete, with the average being 1½ hours. A 5% reliability check of all interviewers was conducted during the course of the survey.

The responses of the two sub-samples were compared, and the level of statistical significance of the differences was measured by T-tests, Chi square, and other measures of difference as appropriate for the type of variables under examination. Differences significant at the .05 level or greater are noted in the tables. By the laws of statistical probability, whenever many measures are done comparing the same samples, a small percentage of the significant differences will appear due to chance. This must be acknowledged in reviewing the findings.

The relationships among the variables should also be taken into consideration. There is, for example, a statistically significant difference in the age distribution of the neighborhood and public housing residents. This might account for some of the difference found on other characteristics, such as the presence of certain physical conditions. More detailed analysis of the results is being done to examine the interrelationships among the variables.

Findings

Demographic Characteristics

The respondents of the community sample differed from the respondents residing in the SHA buildings on some demographic characteristics (Table 1).

Both samples were predominantly female (73% of the neighborhood sample, 75% of the SHA sample) and white (97% of the neighborhood, 88% of the SHA). However, the SHA respondents tended to be older (48% of the neighborhood respondents were age 75+, compared to 57% of the SHA respondents), to have less education, and to have lower incomes. In evaluating the results of the survey, these differences in the age distribution of the two samples have been taken into consideration.

On the basis of demographic characteristics, the residents of public housing would appear to be at higher risk of institutionalization than the elderly person residing in the community. However, the community residents were also older and of lower income than the elderly population of Washington State.⁶ Based on their demographic characteristics, both groups can be denoted at high risk of requiring institutional care. The demographic characteristics of both groups were similar to those of nursing home residents as reported by the National Survey of Nursing Home Residents.⁷

Geographic mobility may effect the use of health services in that those who move may lose contact with their personal physician and may have difficulty in becoming acquainted with the health care and social services resources in their new location. The respondents of both samples indicated a high degree of stability. Among the neighborhood residents, 69% had not moved in the past five years, and 21% had moved only once. Of the SHA respondents, 51% had not moved within the past five years, and 34% had moved only once.

- Health Status

Self-Perceived Health

Self-perceived health status has been shown to have an important

relationship with the use of health care services.⁸ Sixty-six percent of the neighborhood respondents rated their health as "Excellent" or "Good," as did 58% of the SHA respondents (Table 2). Twelve percent of both samples rated their health as "Poor."

The two samples were almost identical in their perceptions of their own health compared to others of their age (Table 2). Fifty-five percent of both groups reported that their health was "Better" than that of other persons the same age, and 45% felt that their health was "About the same" as that of their peers.

On both of these questions, when age was controlled for, very old SHA residents were more likely to report good health than very old neighborhood residents.

Physical Conditions

In response to a lengthy list of physical symptoms, the neighborhood respondents reported having fewer symptoms (Table 3). However, the pattern of symptoms was similar for both samples (Chart 1). Arthritis, rheumatism and joint problems, muscle cramps and aches, backaches, and foot problems tended to be the major complaints of both groups.

A higher percentage of SHA residents (64%) than neighborhood residents (57%) reported having at least one chronic condition. Age was a significant factor in the existence of chronic illness, but had an inverse relationship in the two samples: in the neighborhood, more younger persons reported chronic illness; in the SHA sample, older respondents were those more likely to report chronic problems.

A separate question asked about specific diseases. The percentage of respondents reporting cataracts, diabetes, cancer, and high blood

pressure was almost identical for both samples (Table 4). However, 22% of the SHA respondents said that they had had a heart attack, compared to 14% of the neighborhood respondents.

More SHA residents than community residents reported taking prescribed medications (Table 5), and the SHA residents tended to take a greater number of drugs than the residents of the community. In part, this difference reflects the older average age of SHA residents.

Sight and hearing both lose acuity with age. Thirty percent of the neighborhood respondents rated their hearing as "Fair" or "Poor," compared to 39% of the SHA respondents (Table 6). Seventeen percent of the neighborhood respondents have trouble in close conversation, and 8% have trouble hearing on the telephone, compared to 22% and 33%, respectively, of the SHA respondents. About half of both groups wear hearing aids. One-third to one-half of those who wear aids in both groups report problems such as buzzing, discomfort, or difficulties in putting the aid on.

Almost all of the respondents in both groups wore glasses: 94% neighborhood, 96% SHA (Table 6). Nine percent of the neighborhood sample said that they could not see across the street, even with glasses, compared to 16% of the SHA sample. Nine percent of the neighborhood respondents said they could not read a newspaper, even with glasses, compared to 13% of the SHA respondents.

Nineteen percent of the neighborhood respondents wore dentures, as did 23 percent of the SHA respondents (Table 6). Problems with mouth, gums, or chewing, and trouble with dentures were common in both groups.

Functional Status

Functional status is a separate dimension of health status that may or may not reflect a person's self-reported physical and mental conditions. Thus the respondents were asked if they were independent or required assistance in performing basic activities of daily living. The neighborhood respondents appeared to be more functionally disabled than their peers in the SHA buildings (Table 7). This contrasts with the fewer physical symptoms reported by the neighborhood respondents. Shopping and footcare were the two activities for which assistance was needed by many respondents of both groups.

Health Behaviors

Of the many behaviors related to health status, the survey asked about diet, exercise, smoking, and drinking (Table 8). The residents of the neighborhood were similar to the residents of the SHA buildings in terms of diet and smoking habits, however, the residents of the neighborhood reported more alcohol consumption. The residents of the neighborhood were much more likely to try to exercise daily and to get as much exercise as they would like.

Mental Status

The neighborhood respondents and SHA respondents did not show consistent differences in terms of mental status (Table 9). The neighborhood respondents said that they were forgetful more often than did the SHA respondents. However, more SHA respondents reported being lonely more often. The neighborhood respondents felt less sad or depressed than the SHA residents, but were less satisfied with how they spend their time.

Utilization of Health Services

Nearly eighty percent of both neighborhood and SHA respondents said that they had a personal physician (Table 10). The SHA respondents were more likely to have visited their physician within the past year and to have more visits to the physician during the year.

The SHA respondents were more likely to have spent a night in the hospital during the past year than the residents of the neighborhood (Table 11). However, neighborhood residents who were in the hospital tended to stay longer than their SHA counterparts. Residents of the SHA were much more likely to have been admitted to a nursing home during the past year (Table 11). The average length of stay for the SHA residents, however, was only one day.

For auxiliary health services, such as eye exam, hearing exam, physical therapy, counseling, there was little difference between the neighborhood and SHA respondents (Table 12). A higher percentage of neighborhood respondents had used visiting nurse care, but a higher percentage of the SHA respondents had used home health and homemaker care.

The neighborhood respondents showed a significant difference from the SHA respondents in use of dental care (Table 13). Fifty-eight percent of the neighborhood residents reported having their own dentist, and 50% had seen the dentist within the past year. This contrasts with the 36% of the SHA respondents who reported having a dentist, and 44% who had visited the dentist within the past year.

Social Support

Social interaction is a major indicator of a person's emotional well-

being, and affects physical health status as well. A person's social support system may also be a major determinant of the use of health care and social services. Thus it is essential to examine social support networks in order to predict and explain the utilization of health services.

Sixty-four percent of the neighborhood respondents had relatives in the Seattle area, compared to 75% of the SHA respondents (Table 14). Frequency of contact with relatives was about the same for the two samples. Twenty-five percent of the neighborhood respondents and 28% of the SHA respondents saw relatives once a week or more in the respondent's residence. Telephone contact with relatives was frequent for the majority of both groups: 58% of the neighborhood respondents and 64% of the SHA sample talked with a family member at least once a week. One-quarter of the neighborhood residents and one-fifth of the SHA residents reported having telephone contact with their relatives less than ~~once~~ a month.

The majority (54%) of the neighborhood respondents said that they were satisfied with how often they see their relatives, as did 66% of the SHA respondents. However, 41% of the neighborhood sample and 32% of the SHA sample expressed a desire to see their relatives more often than they currently do.

In addition to interaction for social reasons, respondents were asked about their need for help from others in performing the basic activities of daily living. Functional status limitations were given in Table 7. Table 16 shows the sources of assistance for those persons who received help. Shopping and foot care were the two activities for which assistance was most often required. For residents of the community, spouse, then friends, were the greatest source of help for shopping. For SHA residents, friends were the most frequent source of help. Dependence of SHA residents

on a spouse was limited due to the fact that most apartments are for single persons, thus there are proportionately fewer married couples in the SHA buildings than in the community. For foot care, both community and SHA residents depended most heavily on public agencies or privately paid sources.

Utilization of Social Services

Respondents were asked if they had used any of a number of social services during the preceding year. Metro, Seattle's public transportation system, offers a discount for older people which was used by 64% of the neighborhood respondents and 77% of the public housing respondents (Table 17). This service far exceeded all other services in its use. Of all programs aimed at assisting the elderly, respondents of both groups named the Metro discount program as the single most important program to have available. In general, less than 10% of the neighborhood respondents used any program or service other than the Metro discount. In contrast, many of the other services were used by 10-27% of public housing respondents, and all services were used more by the residents of public housing than by the residents of the neighborhood.

NOTE

The level of statistical significance of the difference in the distribution of responses for each variable was measured with a test of differences appropriate for the type of variable, e.g., categorical, continuous. The significance levels are reported in the tables with the following notations:

KS	Not significant
*	.05
**	.01
***	.001
NA	Not applicable or statistic not appropriate

TABLE 1

Characteristics of Neighborhood and Public Housing Samples

	Neighborhood (N=422)	Public Housing (N=461)	Level of Significance
	%	%	
<u>AGE</u>			**
64 & under	9	10	
65-69	22	12	
70-74	20	20	
75-79	22	22	
80-84	16	20	
85-89	6	12	
90 & over	4	3	
<u>RACE</u>			***
White	96	88	
Black	2	6	
Asian	.5	4	
Other	.4	1	
<u>SEX</u>			NS
Male	28	25	
Female	72	75	
<u>EDUCATION COMPLETED</u>			***
No elementary	1	2	
1-4 grades	1	4	
5-7 grades	4	7	
8 grades	13	21	
Some high school	15	21	
High school graduate	20	14	
Some college, trade or technical	19	16	
College graduate	24	13	
<u>LIVING ARRANGEMENT</u>			***
Lives alone	66	86	
Lives with spouse	23	13	
Lives with relatives	6	1	
Other	4	0	

TABLE 2

Self-Reported Health Status

	<u>Neighborhood</u>	<u>Public Housing</u>	<u>Level of</u> <u>Significance</u>
	<u>%</u>	<u>%</u>	
<u>Perceived Health Status</u>			*
Excellent	23.0	20.4	
Good	43.1	37.9	
Fair	19.9	29.1	
Poor	12.3	12.0	
<u>Own Health Compared</u> <u>to Others Same Age</u>			NS
Better	53.3	54.6	
Same	33.2	32.6	
Worse	8.1	10.5	
<u>Has Chronic Condition</u>			
Yes	56.0	64.0	*
No	43.0	35.0	

TABLE 3

Physical Symptoms and Conditions

<u>Symptom</u>	<u>Neighborhood</u> %	<u>Public Housing</u> %	<u>Level of</u> <u>Significance</u>
Arthritis, rheumatism or joint problems	56	62	NS
Muscle cramps or aches	34	47	**
Backache	37	43	NS
Foot problems	35	40	NS
Overweight	37	36	NS
Short of breath during daily activity	26	34	*
Easy bruising/bleeding	19	33	***
Dizziness, faintness, blackouts	23	28	NS
Frequent constipation	20	27	**
Chest pain	16	22	NS
Frequent indigestion	13	18	MS
Kidney/bladder problems	18	17	MS
Recent or sudden loss of appetite	8	14	*
Frequent headaches	10	14	NS
Shortness of breath at night	8	13	NS
Underweight	11	11	***
Trouble urinating	8	11	NS
Frequent stomach cramp or pain	8	10	NS
Weight loss greater than 15# in past 6 months	6	10	NS
Sudden temporary loss of vision, speech or movement	6	10	NS
More than 4 colds or infections in past year	6	10	NS
Frequent diarrhea	8	7	NS
Frequent nausea, vomiting	5	6	NS
Bloody or "tarry" stools	5	4	NS
Two or more fractures in past year	2	3	NS
Sexual problems	3	2	***
Breast lumps	2	2	NS
Vaginal bleeding	1	1	NS

TABLE 4

Specific Conditions and Diseases

	<u>Neighborhood</u>	<u>Public Housing</u>	<u>Level of</u>
	<u>%</u>	<u>%</u>	<u>Significance</u>
Heart Attack	14	22	**
Diabetes	9	9	NS
Cancer	15	13	NS
Cataracts	26	31	NS
High Blood Pressure	32	31	NS

TABLE 5

Use of Medications

	<u>Neighborhood</u>	<u>Public Housing</u>	<u>Level of</u> <u>Significance</u>
	%	%	
<u>Number of prescription</u> <u>drugs using at present:</u>			**
None	32	22	
1-2	40	35	
3-4	18	26	
5-6	8	10	
7-8	2	5	
10-15	.4	1	
 <u>Number of non-prescription</u> <u>drugs using at present:</u>			NS
None	46	49	
1	34	31	
2	12	14	
3-5	7	6	
6-10	1	0	

TABLE 6

Hearing, Sight, Dental Status, and Diet

	<u>Neighborhood</u>	<u>Public Housing</u>	<u>Level of</u> <u>Significance</u>
	%	%	
<u>Hearing</u>			
Has problems hearing over phone	7	12	**
Has problem hearing close conversation	15	22	**
<u>Sight</u>			
Cannot see across street	9	16	*
Cannot read newspaper	9	13	NS
<u>Dental</u>			
Wears dentures	19	23	NS
Has toothaches	3	5	NS
Has painful gums	9	10	NS
Has other mouth problems	12	12	NS
Has trouble chewing	21	27	NS
Has problems with dentures	19	23	NS
<u>Diet</u>			
Has special diet	18	23	*

TABLE 7

Functional Status: Dependence on Others
for Activities of Daily Living

	<u>Neighborhood</u>	<u>Public Housing</u>	<u>Level of</u> <u>Significance</u>
	%	%	
<u>Respondents receiving help with:</u>			
Ambulating	1	2	NS
Dressing	3	1	NS
Grooming	6	2	*
Bathing	9	3	***
Eating	2	0	*
Foot Care	20	24	NS
Food Preparation	3	3	NS
Shopping	32	29	

TABLE 8

Personal Health Habits

	<u>Neighborhood</u>	<u>Public Housing</u>	<u>Level of Significance</u>
	<u>%</u>	<u>%</u>	
Sleep:			
Trouble falling asleep	34	39	NS
Wakeful during night	66	69	NS
Does not feel rested when awakes	24	26	NS
Usually feels fatigued	22	30	**
Sometimes does not eat correctly	30	43	NS
Tries to exercise daily	52	49	NS
Able to exercise as much as would like	55	38	NS
Smokes cigarettes			NS
None	75	73	
1-2 per day	2	1	
½ pack or less/day	5	6	
½-1 pack/day	5	6	
1 pack/day	8	6	
1-2 packs/day	3	3	
more than 2 packs/day	1	1	
Consumes alcohol	63	45	***

TABLE 9

Mental Status

	<u>Neighborhood</u>	<u>Public Housing</u>	<u>Level of Significance</u>
	<u>%</u>	<u>%</u>	
Forget things did previous day:			*
Yes	10	15	}
Yes, but no problems	27	32	
Forget things done every day:			NS
Yes	11	13	}
Yes, but no problems	24	27	
Feel sad or depressed:			**
No	50	44	
Sometimes	38	43	
Often	6	7	
Always	3	4	
Feel lonely:			**
No	62	55	
Sometimes	29	39	
Usually	5	7	
Satisfied with how spend time:			NS
Very	45	50	
Somewhat	43	40	
Not	11	8	

TABLE 10

Physician Services

	<u>Neighborhood</u>	<u>Public Housing</u>	<u>Level of Significance</u>
	%	%	
Has own physician	77	78	NS
Number of visits to physician in past 12 months:			**
0	79	60	
1	1	28	
2-3	5	10	
4-6	5	1	
7 or more	10	1	
Most recent visit to physician:			NS
within last 2 weeks	20	22	
2 weeks - 1 month	15	17	
2-3 months	19	24	
4-6 months	13	11	
7 months to 1 year	11	12	
over one year	22	14	
never	2	0	

TABLE 11

Use of Health Services within Past Year

	<u>Neighborhood</u>	<u>Public Housing</u>	<u>Level of</u> <u>Significance</u>
	%	%	
Admitted to a hospital	21	25	NS
Admitted to a nursing home	1	3	NS
Visited Community Health Clinic	5	6	NS
Visited Mental Health Clinic	1	1	NS

TABLE 12

Use of Auxiliary Health Services within Past Year

	<u>Neighborhood</u>	<u>Public Housing</u>	<u>Level of Significance</u>
	<u>%</u>	<u>%</u>	
Eye Examination	50	51	NS
Hearing Examination	27	31	NS
Physical Therapy	5	7	NS
Speech Therapy	0	.2	NS
Emotional Counseling	5	3	NS
Visiting Nurse Service	7	20	***
Home Health Aide	2	3	NS

TABLE 13

Use of Dental Services

	<u>Neighborhood</u>	<u>Public Housing</u>	<u>Level of Significance</u>
	<u>%</u>	<u>%</u>	
Has own dentist	58	36	***
Most recent dental care			***
Past month	10	9	
Past 3 months	11	7	
Past 6 months	12	8	
Past 12 months	16	9	
More than a year ago or never	50	66	
Number of visits to dentist in past 12 months			***
None	52	68	
1	17	15	
2	15	6	
3	6	4	
4	4	2	
5	1	1	
6	.7	2	
7-12	2	2	
over 12	1	1	

TABLE 14

Interaction with Relatives

	<u>Neighborhood</u>	<u>Public Housing</u>	<u>Level of Significance</u>
	%	%	
One or more relatives in Seattle area	64	76	***
Visit with relatives at relatives' home:			***
Almost every day	1	1	
Once a week or more	14	14	
A few times a month	8	15	
Once a month or less	54	50	
Never	20	18	
Visit with relatives in own home:			**
Almost every day	4	3	
Once a week or more	21	26	
A few times a month	10	16	
Once a month or less	44	39	
Never	19	15	
Talk with relatives on phone:			*
Almost every day	24	32	
Once a week or more	33	33	
A few times a month	9	7	
Once a month or less	9	20	
Never	13	8	
Satisfaction with relative interaction:			**
Would like to see relatives more	41	32	
See relatives about right amount	54	66	
Would like to see relatives less	1	1	

TABLE 15

Interaction with Friends

	<u>Neighborhood</u>	<u>Public Housing</u>	<u>Level of Significance</u>
	<u>%</u>	<u>%</u>	
Have friends who live within walking distance	49	31	***
Frequency of visits with friends:			***
Almost every day	33	44	
Once a week or more	33	36	
A few times a month	11	8	
Once a month or less	14	6	
Never	6	5	
Participate in groups or organization	34	37	NS
Frequency of meeting with group:			NS
Almost every day	0	0	
Once a week or more	19	20	
A few times a month	5	4	
Once a month or less	8	9	
Does not participate	36	64	
Satisfaction with friend interaction:			NS
Would like to visit more	20	14	
See friends about right amount	78	84	
Would like to visit less	1	1	
Has friend can turn to for help in emergencies			NA
Yes	81	75	
No	19	25	

TABLE 16

Sources of Assistance for Performing Activities of Daily Living
(Reported in Numbers, Not Percentages)

	<u>Neighborhood</u>					<u>Public Housing</u>				
	<u>Spouse</u>	<u>Other Household Member</u>	<u>Other Relative or Friend</u>	<u>Public Agency</u>	<u>Private Pay</u>	<u>Spouse</u>	<u>Other Household Member</u>	<u>Other Relative or Friend</u>	<u>Public Agency</u>	<u>Private Pay</u>
Ambulating					1	1		3		
Dressing	1	2	1	1	2	1			1	
Grooming										
Bathing	7	3	3	4	2		1	1	6	2
Eating		2								
Foot care	10		7	13	24	4	1	11	24	48
Food preparation	20	4	3	4	6	8		3	4	9
Shopping	60	14	45	5	3	14	4	67	16	18

TABLE 17

Use of Social Services within Past Year

	<u>Neighborhood</u>	<u>Public Housing</u>	<u>Level of</u>
	%	%	Significance
Group Meal or Nutrition Site	3.3	15.3	***
Meals on Wheels	2.4	11.4	***
Homemaker	3.1	10.4	***
Chore	2.6	9.1	***
Home Repair	1.9	1.6	***
Metro Discount	64.3	77.6	***
Taxi Discount Coupons	5.0	17.3	***
Shopper	0	17.3	***
Volunteer Driver	1.4	5.6	***
Telephone Assurance	.5	.7	NS
Friendly Visitor	.2	1.1	**
Widow Service	.5	.2	***
Senior Center	10.8	27.9	***
Senior Legal Aide	1.9	7.4	***
Information and Referral	2.9	7.4	***